



# Health Equity Community Project ECHO

## *Medical Mistrust in Relation to Colorectal Cancer Screening*

Friday, October 6, 2023



**Before we begin..**

**Please put your name, health center, organization, and location in the chat!**

## Welcome to the October Health Equity Community Project ECHO Session



Each ECHO session will be recorded and will be posted to [echo.cancer.org](https://echo.cancer.org)



You will be muted with your video turned off when you join the call.  
Use the buttons in the black menu bar to unmute your line and to turn on your video.  
**If you do not wish to have your image recorded, please turn OFF the video option.**



Today's materials will be made available on [echo.cancer.org](https://echo.cancer.org)



Type your name and organization in the chat box



This ECHO session takes place on the Zoom platform.  
To review Zoom's privacy policy, please visit [zoom.us/privacy](https://zoom.us/privacy)



Remember: Do NOT share any personal information about any patient

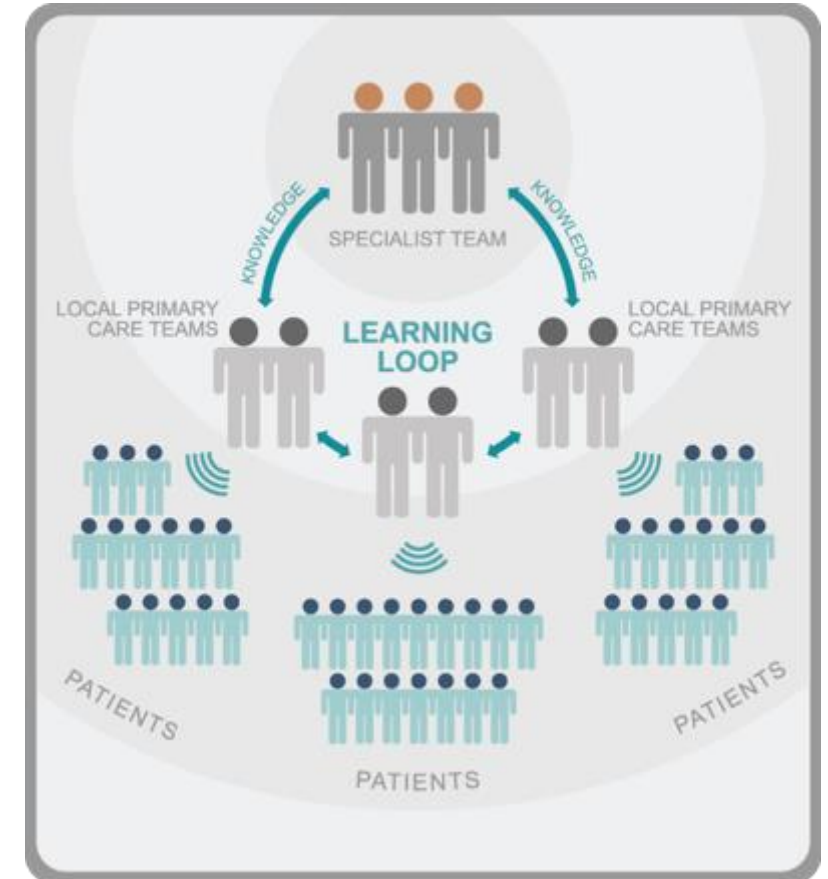


Questions about Zoom? Type them in the chat box to: Allison Rosen

# What does Project ECHO do?

## What does ECHO do?

- ▶ ECHO **effectively** and **efficiently** disseminates evidence-based strategies to improve cancer outcomes
- ▶ ECHO allows to **convene** for best practice sharing across health centers, institutions, and other silos
- ▶ For more information, please refer to your guidebook or visit [www.echo.unm.edu](http://www.echo.unm.edu)



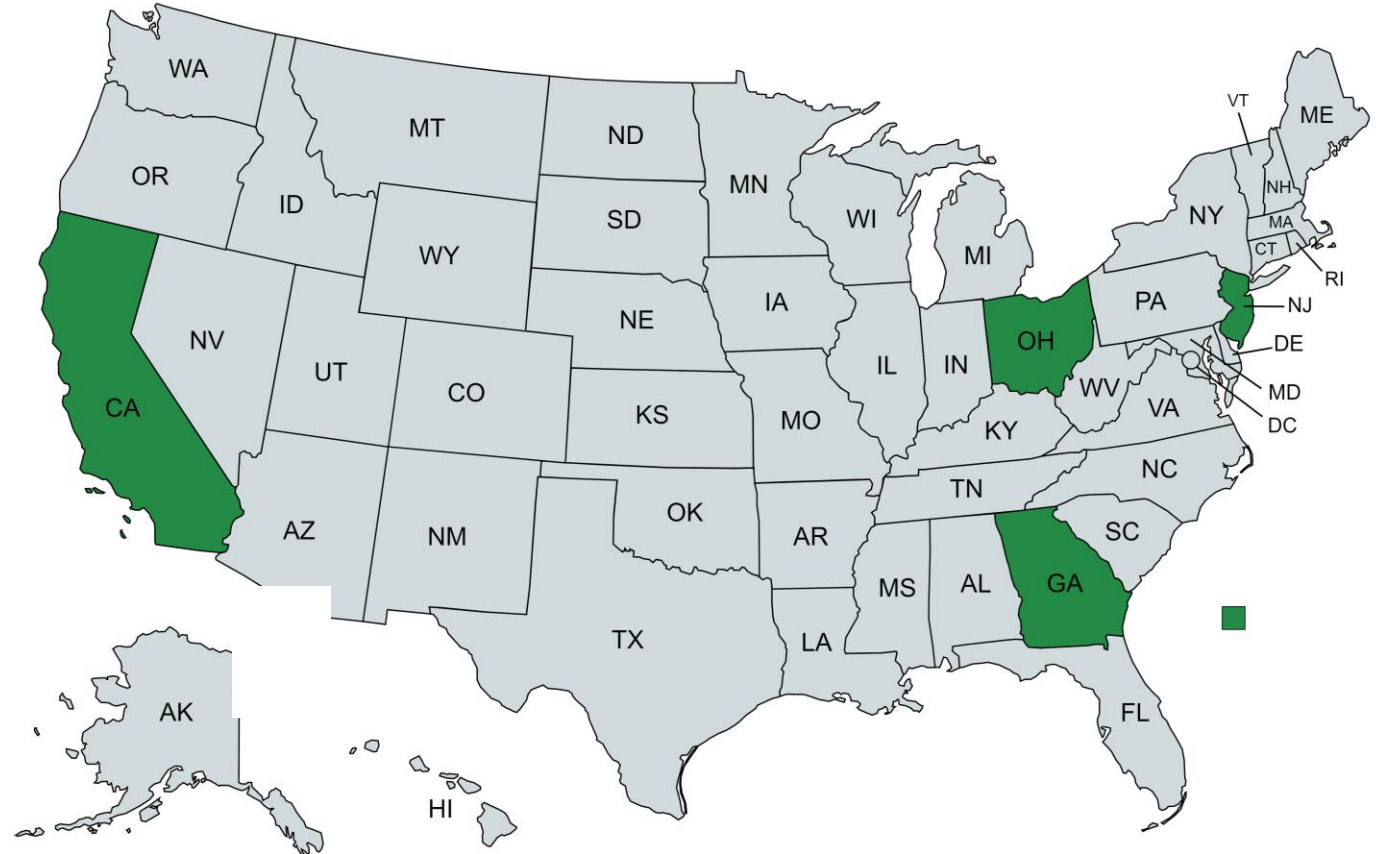
# Health Equity Community Project ECHO Series

## Purpose

- To share relevant health equity, medical mistrust, and colorectal cancer screening information with participants to enhance their community projects
- To provide participants with an opportunity to build their networks within their cohort and expert faculty
- To offer an opportunity for participants to share project-related challenges or questions; seeking feedback from expert faculty and cohort colleagues

# Health Equity Community Project Sites (Cohort 2)

- **Asbury Park, NJ**
  - Visiting Nurse Association of Central New Jersey Community Health Center
  - Visiting Nurse Association Health Group
- **Dayton, OH**
  - Community Health Centers of Greater Dayton
  - West Care Ohio Inc. dba East End Community Services
- **Atlanta, GA**
  - Southside Medical Center
  - Urban Connected Atlanta/Bible Way Ministries International
- **Stone Mountain, GA**
  - MedCura Health Inc.
  - New Life Community Ministries, Inc.
- **Fremont, CA**
  - Bay Area Community Health
  - Vietnamese American Roundtable





# Project ECHO Planned Topics

Session Date	Didactic Topics
September 28 2022	Understanding and Addressing Medical Mistrust: Introduction to the Group Based Medical Mistrust Scale
November 15, 2022	Measuring Mistrust using the Group Based Medical Mistrust Scale: Best Practices from a Community
January 27, 2023	Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens
April 19, 2023	Patient Engagement Series: Fundamentals of Elevating Patient Voices Through the Use of Patient Advisory Councils and Governing Boards
June 29, 2023	Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening
August 24, 2023	Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board
October 6, 2023	Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers
December 8, 2023	Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities
January 26, 2024	Effective Strategies for Addressing Medical Mistrust: Patients Suspicion of Healthcare Providers

# October Agenda

<b>Welcome and Introductions</b> <i>ECHO Hub Introductions and Icebreaker</i>	10 minutes
<b>Didactic Presentation</b> <i>Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers</i> Wayne B. Tuckson, MD, FACS, FASCRS Colorectal Surgeon (Retired)	25 minutes
<b>Didactic Q/A</b>	5 minutes
<b>Facilitated Discussion</b> Cohort 2 Project Sites (Roundtable)	15 minutes
<b>Wrap-up</b>	5 minutes





# ECHO Hub Introductions and Icebreaker

# Project ECHO Introductions

## ACS ECHO HUB Staff

- Cecily Blackwater, MPH
- Tracy Wiedt, MPH
- Allison Rosen, MS

## ECHO Faculty

- Wayne B. Tuckson, MD, FACS, FASCRS
- Mark Manning, PhD
- Shana Ntiri, MD, MPH

***For attendance purposes, please type your location, name, and organization in the chat box!***

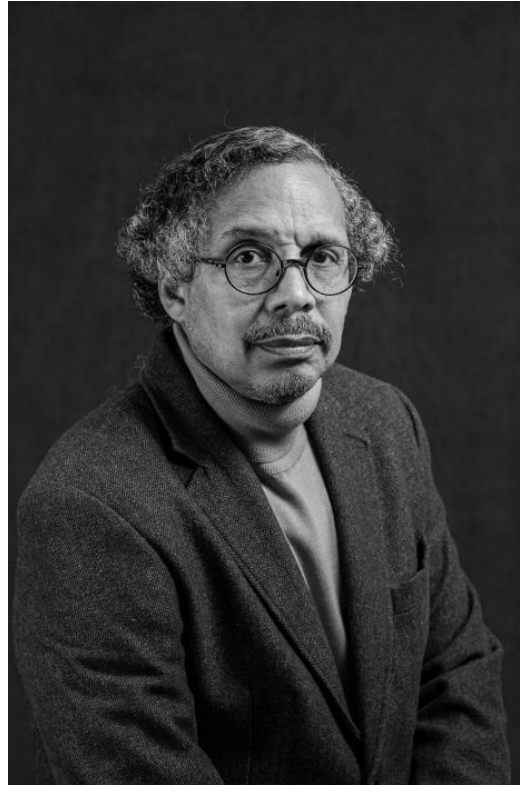
# Icebreaker



**What do you look forward to every fall?**

*This question applies to everyone (Community Project sites, ACS staff, and our ECHO Faculty)! Feel free to come off mute or type your answers into the chat box!*

# About Our Didactic Presenter:



**Wayne B. Tuckson, MD, FACS, FASCRS**  
**Colorectal Surgeon (Retired)**  
**Producer and Host of "Kentucky Health"**

# Medical Mistrust Colorectal Cancer Screening Model

Wayne B Tuckson, MD, FASCRS, FACS

## Medical Mistrust

# CRC Incidence and Mortality / 100,000

	<b>All</b>	<b>White</b>	<b>Black</b>	<b>Asian/PI</b>	<b>Am Indian</b>	<b>Hispanic</b>
<b>Incidence</b>						
Overall	37.3	37.0	41.9	31.7	39.3	33.5
Male	42.4	41.8	49.4	37.2	38.0	38.4
Female	32.9	32.8	36.5	27.3	39.9	29.6
Early-onset (20-44 years)		6.7	7.9	6.3		
<b>Deaths</b>						
Overall	13.1	12.9	16.8	8.9	14.0	10.8
Male	15.8	15.5	21.3	10.8	16.4	14.0
Female	10.9	10.8	13.8	7.3	12.0	8.3



# Medical Mistrust

## Why The Differences in Mortality?

- 28% 50–75 yo in US no CRC screening
- CRC screening in AA's and Hispanics < non-Hispanic Whites
- AA ♂ screened less than AA ♀

# Medical Mistrust

## Patient Reasons for Not Getting CRC Screening

- Pain / discomfort
- Embarrassed / modesty
- No family history
- No symptoms
- Complexity
- Transportation / escort
- Costs
  - time off from work (patient and care giver)
  - out-of-pocket expenses

## Medical Mistrust

# Provider Impact on AA and Low-Income CRC Screening

- Trust in PCP remained the only significant driver of CRC screening completion in low-income patients.<sup>1</sup>
- Patients who reported receiving lower quality of healthcare services were less likely to have undergone and be compliant with CRC screening recommendations<sup>2</sup>

<sup>1</sup> Gupta, Brenner, et al. Patient Trust in Physicians and Colorectal Cancer Screening in Low-Income Patients. Am J Prev Med. 2014 Oct.

<sup>2</sup> Chawla K, Kibreab A, et al. Association of Patients' Perception of Quality of Healthcare Received and Colorectal Cancer Screening Uptake: An Analysis of 2 National Surveys in the USA.. Med Princ Pract 2021

# Medical Mistrust

- Mistrust is not merely the opposite of trust, rather, it is the belief that the person, group, or institution that is the object of our mistrust is actively acting against our best interest and well-

# Types of Mistrust

- Cultural Mistrust
  - tendency to distrust Whites based upon a legacy of direct or vicarious exposure to racism or unfair treatment by Whites
- Medical Mistrust
  - tendency to distrust medical systems and personnel believed to represent the dominant culture.

# Cultural Mistrust

- Henrietta Lacks 1920 - 1951
- Cells obtained from patient without consent
- Johns Hopkins University
- First immortalized cell line
- Hela cell line
- Cells are still in use today by industry
- Still no compensation to family



# Medical Mistrust

- **USPHS Tuskegee Study of Untreated Syphilis in the Negro Male 1932 – 1972**
- Record the natural history of syphilis in Blacks
- 128 died of syphilis or related complications
- 40 wives were infected
- 19 children born with congenital syphilis.

# Medical Mistrust

- Medical mistrust is a social / political determinant of health and is as significant as all other traditional determinants.
- It impacts diagnosis, treatment and in the end health outcomes

# Medical Mistrust

- Non-Hispanic Blacks were 73% and Hispanics 49% more likely to report having mistrust in health professionals compared to non-Hispanic Whites

# Who's To Blame for Medical Mistrust

- Too often, the “onus to overcome medical mistrust is placed on the population experiencing structural, social, political, and economic exclusion and marginalization, rather than the institutions and entities that have created environments that engender mistrust and sustain institutionalized inequalities”.<sup>1</sup>
- “Why don't Black people like cops”?<sup>2</sup>

<sup>1</sup>Behav Med. 2019 Apr-Jun;

<sup>2</sup>Louisville Police Officer

# Medical Mistrust: Solutions

- Albeit imperfect, implicit bias can be measured
  - Medical Mistrust Index
  - Implicit Association test

# Medical Mistrust: Provider Solutions

- To overcome unconscious bias, we must become aware of its presence, reflect on the nature of prejudice, determine how it affects our ideas and then commit ourselves to implementing practical strategies to counteract bias through behavioral change.<sup>1</sup>
- This is not a “one and done” program, rather it is a mindful commitment and desire for progress.<sup>2</sup>

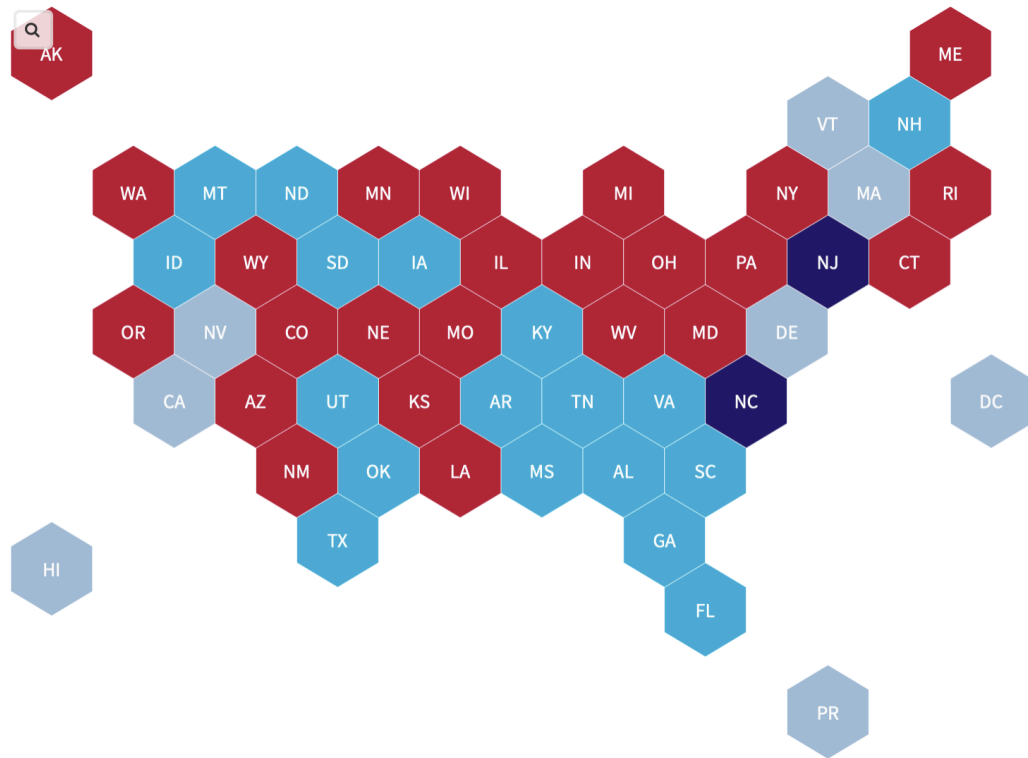
<sup>1</sup>NBER Working Paper No. 25846

<sup>2</sup>Front Pharmacol. 2021



# States Banning Critical Race Theory

- Bill was signed into law or a similar state-level action was approved
- Bill has been vetoed, overturned, or stalled indefinitely
- No state-level action or bill introduced
- Bill has been proposed or is moving through state legislature



SOURCE: Education Week reporting



A Flourish map

- Holds that racism is systemic, and is perpetrated by structural forces rather than individual acts of bias
- States since January 2021 that have taken steps that would restrict how teachers can discuss racism and sexism

# Medical Mistrust: Provider Solutions

- A basic understanding of the Patients' culture
- Individualize don't stereotype
- Understand and respect the magnitude of unconscious bias.
- Recognize situations that magnify stereotyping and bias.

# Medical Mistrust: Provider Solutions

- “Equity in the exam room means treating each patient as if they were your most important patient, regardless of gender, sexual orientation, race, ethnicity or personal appearance.’

Minnesota Medicine, editor in chief Charles Meyer, MD

# Medical Mistrust: Provider Solutions

## CLAS

- Culturally and Linguistically Appropriate Services in Health and Health Care
  - Principal Standard - Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

# Medical Mistrust: Provider Solutions

- Assiduously practice “evidenced-based medicine.”
- Apply techniques to de-bias patient care
  - Training
  - intergroup contact
  - perspective-taking
  - emotional expression
  - counter-stereotypical exemplars.

# Medical Mistrust: Provider Solutions

## Build Partnership with Patient

- Intentional listening
- Validate the patients' experience and concerns
- Explain testing and treatment
- Establish goals
- Be inclusive when discussing plans “we not I”



# Medical Mistrust: Solutions

## Spike Lee “Do The Right Thing”



- Diversity in staff
- Diversity in displayed artwork
- Overt signs that all are welcome
- Seek out new cultural and intellectual experiences

“How come there’s no brothers' pictures on the wall?”

# Medical Mistrust: Patient Solutions

## “Ask Me 3<sup>®</sup>”

- Educational program that encourages patients and families to ask three specific questions of their providers to better understand their health conditions and what they need to do to stay healthy.
  1. What is my main problem?
  2. What do I need to do?
  3. Why is it important for me to do this?

# Medical Mistrust: Political Solutions

## Meat Packers and COVID

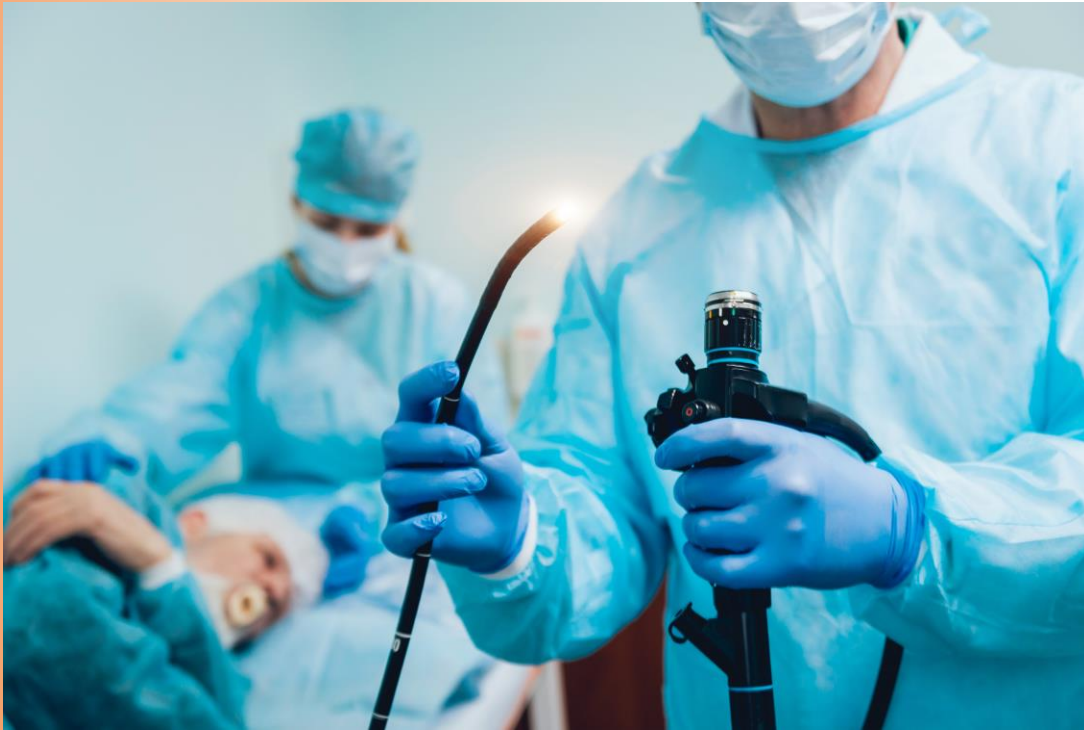
- "The shameful conduct of corporate executives pursuing profit at any cost during a crisis and government officials eager to do their bidding regardless of resulting harm to the public must never be repeated,"<sup>1</sup>
- The *Protecting America's Meatpacking Workers Act* <sup>2</sup>
  - Sen. Cory Booker (D-N.J.) and Rep. Ro Khanna (D-Cal.)

<sup>1</sup>Representative Clyburn HSSCC

<sup>2</sup>Forbes 5/22

# Medical Mistrust

## Screening Test Options



- **Guaiac-based fecal occult blood test (gFOBT)**
- **Fecal immunochemical test (FIT)**
- **FIT-DNA test**



- **Flexible Sigmoidoscopy**
- **CT Colonography (Virtual Colonoscopy)**



# Medical Mistrust: Closing Points

1. At our level, we cannot expect to regain the patients trust without a change in attitude and behavior of both the clinician, and the organization.
2. There cannot be a tiered system when addressing situations that perpetuate mistrust.
3. Behavior that perpetuates mistrust should be viewed as morally equivalent to malpractice.



## Medical Mistrust

# Implicit Association Test – High Score and Provider

- Inversely associated
  - With patient-centered behavior
  - Visit length
  - Warmth
- Positively associated with
  - Rapidity of speech
  - Verbal dominance during the encounter



# Medical Mistrust

## Medical Mistrust Index (MMI)

- Assess mistrust at
  - interpersonal level (healthcare provider)
  - system-level (hospitals and healthcare system)

Table 3

Test–Retest Reliability Correlating Survey Respondent's Response for Each Item at Baseline with Their Response at Follow Up for the Seven-Item Medical Mistrust Index

Question	Correlation between Waves 1 and 2
(1) You'd better be cautious when dealing with health care organizations	Corr=0.500 <i>p</i> =.000
(2) Patients have sometimes been deceived or misled by health care organizations	Corr=0.398 <i>p</i> =.000
(3) When health care organizations make mistakes they usually cover it up	Corr=0.567 <i>p</i> =.000
(4) Health care organizations have sometimes done harmful experiments on patients without their knowledge	Corr=0.474 <i>p</i> =.000
(5) Health care organizations don't always keep your information totally private	Corr=0.364 <i>p</i> =.000
(6) Sometimes I wonder if health care organizations really know what they are doing	Corr=0.346 <i>p</i> =.000
(7) Mistakes are common in health care organizations	Corr=0.451 <i>p</i> =.000
Scale	Corr=0.697 <i>p</i> =.000

# Didactic Questions?

# Facilitated Group Discussion

*Colorectal Cancer Screening Barriers*

# Group Based Medical Mistrust Scale Baseline Results

- ✓ What are your biggest concerns for increasing your colorectal cancer screening rates within your population of focus?
  
- ❑ What sorts of promising/best practice ideas for addressing medical mistrust in relation to CRC screening does your project site have in mind for implementation?

# Group Based Medical Mistrust Scale Baseline Results

- ✓ What are your biggest concerns for increasing your CRC screening rates within your population of focus?
- ✓ What sorts of promising/best practices for addressing medical mistrust in relation to colorectal cancer screening does your project site have in mind for implementation?

# Questions?



**Thank you ECHO Faculty  
for joining our call today!**





# Project ECHO Session Survey

# Health Equity Community Project Case Study Overview

## Presenting a Case Study

- Submission of cases for presentation and discussion is a key component in the Project ECHO model.
- It is critically important for knowledge building and sharing for all ECHO participants and is therefore an expectation for Community Leadership Teams to present at least one case study within the 18-month project period
- Community project sites are encouraged to present a case study involving information on their population of focus, efforts related to addressing medical mistrust within their community, and/or challenges involving project implementation.
- Community project sites will be notified **a month in advance** to present a Case Study for the next ECHO Session.
- Community Leadership teams will be provided with a Case Study presentation Power Point template, which will solicit demographic and relevant information pertaining to Community Project efforts. The Power Point will also include a section for listing questions Community Leadership Teams may have concerning their projects.
- **Please submit completed Case Studies to [cecily.blackwater@cancer.org](mailto:cecily.blackwater@cancer.org) one week prior to the scheduled ECHO Session**

# Next Project ECHO Session

***Phase 3: Implementing Interventions to Address Medical Mistrust***



**Presenter: Mark Manning, PhD**

**Date:** ECHO Session #8 – December 8, 2023, at 11am PT/12pm MT/1pm CT/2pm ET

**Topic:** *Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities*

# Next Steps

## Group Based Medical Mistrust Scale Baseline Data:

- Continue to share results with Patient Advisory Council, Governing Board, and/or QI Committee

## Bi-monthly Check-in Calls:

- November Bi-monthly Check-in Call – Be prepared to discuss feedback received by Patient Advisory Council/Governing Board members and strategies/interventions to address medical mistrust

## Project ECHO:

- ✓ ECHO Session #7: Friday, October 6, 2023 (60 minutes)
- ECHO Session #8: Friday, December 8, 2023 (60 minutes)

# Thank You